1 4									
	EEC	PO BOX 9472 Seattle, WA 9		F-1	DOLLAR CODE		AMOUNT	FINA	SONAL NCIAL
CAN EEE	CTIONS COMMISSION	(206) 615-12- polly.grow@se	48	(7/18)	(1) (2)	\$0 \$1,000	\$4,9		ORS EMENT
Deadlines	Candidates	and others -	pointed officials within two weeks appointed to a p	s of becoming a	(3) (4) (5) (6) (7)	\$5,000 \$10,000 \$25,000 \$100,000 \$200,000	\$9,9 \$24,9 \$99,9 \$199,9 \$999,9	999	SELIT
SEND RE	EPORT TO Sea	attle City Cler	k		(8) (9)	\$1,000,000 \$5,000,000	- \$4,999,9	99	5
I Pallifici. Sit	te family" mean bling, uncle, auni ome tax retum.	i. Outusiii niece i	or domestic partn or nephew, if that	er, or (b) a parent, par person either resides	rent of a spou with or is a d	use or dome dependent o	estic partner, chi n the Covered Ir	ild, child of spouse ndividual's most re	or domestic cently filed
Last Name		Fir	st	Middle	e Initial	Names of	immediate fami	ily members. If the	ere is no
Campbe	ell	Eliza	beth	A		other depe	endents living in	disclose for depend your household, d ouse or domestic	lo not identify
Mailing Add	dress (Use PO B	ox or Work Add	ress) *			alcin. Do	identity your spi	ouse of domestic p	partner,
	Wheeler St							~	
City Seattle			unty ng	Zip + 2 98199-				CI CI	7
	s (Check only or		iig	96199	-1492	Office Held	d or Sought	7 72	97
An elec	cted or appointed	d official filing ar	nual report				Seattle Cit	· Costini A	
☐ Final re	port as an electe	ed official. Term	expired:	_				A CORFICIL	当づ
		alastian: mant	h August	year 2	2019	Position nu Term begin	1718(1)		777
	ate running in ar	election, mont						onde:	2023
M Candida	appointed to an e	elective office					January	ends:	
Candida Newly a	INCOME In	elective office lst each emplo nmediate famil ptions received	during the repo	ource of income (pe slved compensation, orting period that had	In any torr	al security	legal judgmer	nt ata\ faam wik	(-1
Candida Newly a	INCOME INCOME (F	elective office list each emplo nmediate famil ptions received report interest	v inclibel, lece	orting period that had them 3.1	in any form davalue of i	al security, m, of \$2,40 more than	legal judgmer 0 or more dur \$2,400.	nt, etc.) from whing the period.	ich you or an include stock
Candida Newly a	INCOME In of Name and Add	elective office lst each emplo nmediate famil ptions received Report interest dress of Employ	during the repo	orting period that had a Item 3.) ompensation	o a value of	al security, n, of \$2,40 more than	legal judgmer 0 or more dur \$2,400.	nt, etc.) from whing the period. n Amou	ich you or an include stock
Candida Newly a Newly a Show Self (5) Spouse (SP/DP) Dependent (D) S	INCOME In OF Name and Add	lst each emplo nmediate famil ptions received Report interest dress of Employ	d during the repo and dividends in er or Source of Co	orting period that had a Item 3.) ompensation	Occur	al security, m, of \$2,40 more than pation or Ho Was Ea	January Jegal Judgmer o or more dur \$2,400. w Compensation amed Director	nt, etc.) from whing the period. n Amou (Use Co	ich you or an include stock
Candida Newly a 1 Show Self (5) Spouss (SP/DP) Dependent (7) S	INCOME In OF INCOME INC	elective office Ist each employmediate family ptions received Report Interest dress of Employ Park Comm	d during the repo and dividends in er or Source of Co	orting period that had a Item 3.) ompensation	Occup Exe	al security, m, of \$2,40 more than batton or Ho Was Eaccutive D	January January Jegal Judgmen o or more dur \$2,400. w Compensation amed Director istics	nt, etc.) from whing the period. n Amou	ich you or an include stock
Candida Newly a Show Self (5) Spouse (SP/DP) Dependent (D) S	INCOME In OF Name and Add	elective office Ist each employmediate family ptions received Report Interest dress of Employ Park Comm	d during the repo and dividends in er or Source of Co	orting period that had a Item 3.) ompensation	Occup Exe	al security, m, of \$2,40 more than pation or Ho Was Ea	January January Jegal Judgmen o or more dur \$2,400. w Compensation amed Director istics	nt, etc.) from whing the period. n Amou (Use Co	ich you or an include stock
Candida Newly a 1 Show Self (5) Spouss (SP/DP) Dependent (7) S	INCOME In or	lst each emplormediate familiptions received teport interest. dress of Employ Park Commercial Comm	i during the repo and dividends in er or Source of Co nunity Allian	orting period that had a Item 3.) ompensation	Occup Exe	al security, m, of \$2,40 more than batton or Ho Was Eaccutive D	January January Jegal Judgmen o or more dur \$2,400. w Compensation amed Director istics	nt, etc.) from whing the period. n Amou (Use Co	ich you or an include stock
Candida Newly a 1 Show Self (5) Spouss (SP/DP) Dependent (7) S	INCOME In or	lst each emplormediate familiptions received teport interest. Park Commercial Commercia	attached sheet et address, asset et with value of	essor's parcel numb	Occup Exe Lev W1	al security, m, of \$2,40 more than pation or Ho Was Ea ecutive D vel 1 Log, dows Be	January Januar	nt, etc.) from whing the period. n Amou (Use Co (3)) (2) (4)	Ich you or an Include stock Int: Ide)
Candida Newly a 1 Show Self (S) Spousa (SP/DP) Dependent (D) S S S S	INCOME In or (F) Name and Add Discovery Amazon F	lst each emplormediate familiptions received Report Interest dress of Employ Park Community If continued on List streer real estal interest of the continued	attached sheet et address, assete with value of during the report	orting period that had tem 3.) ompensation	Occup Exe Lev W1 er, or legal elich you or aborthership,	al security, m, of \$2,40 more than pation or Ho Was Ea ecutive D vel 1 Log: dows Be description an immedia	January January January January January Or more dures January State of more dures January Janu	nt, etc.) from whing the period. n Amou (Use Co (3)) (2) (4) (or each parcel of other held a person F-1 supplement	Ich you or an Include stock Int: Int: Int: Int: Int: Int: Int: Int
Candida Newly a 1 Show Solf (S) Spouso (SP/DP) Dependent (D) S S S Candida Property Sold	INCOME In on the Income	lst each emplormediate familiptions received Report Interest dress of Employ Park Community If continued on List streer real estal interest of the continued	attached sheet et address, asset te with value of during the report	pring period that had a litem 3.) ompensation ICCE assor's parcel numb over \$12,000 in whing period. (Show period.	Occup Exe Lev W1 er, or legal elich you or aborthership,	al security, m, of \$2,40 more than pation or Ho Was Ea ecutive D vel 1 Log: dows Be description an immedia	January January January January January Or more dures January State of more dures January Janu	nt, etc.) from whing the period. n Amou (Use Co (3)) (2) (4) for each parcel of the period of F-1 supplement (Use Code) of F-1 s	Ich you or an Include stock Int: Int: Int: Int: Int: Int: Int: Int
Candida Newly a 1 Show Solf (S) Spouse (SP/DP) Dependent (D) S S S S Property Sold N/A	INCOME In or INCOME In or Interest Divestors	lelective office Ist each employmediate family Report Interest. Iress of Employ Park Comm Fresh If continued on List streered esta Interest of	attached sheet et address, asset et with value of during the report Assessed Value (Use 1-9 Code) () ()	essor's parcel numb over \$12,000 in wh ting period. (Show p	Occup Exe Lev Wineer, or legal aich you or a partnership,	al security, m, of \$2,40 more than bation or Ho Was Eaccutive Decutive Decutive Decutive Bedow's Bedow	January Januar	nt, etc.) from whing the period. n Amou (Use Co (3)) (2) (4) for each parcel of other held a person F-1 supplement point (Use Code) of F-1 supplement (Use Co	Ich you or an Include stock Int: Int: Int: Int: Int: Int: Int: Int
Show Solf (S) Spouse (SP/DP) Dependent (D) S S S S N/A	INCOME In on the Income	lelective office Ist each employmediate family Report Interest. Iress of Employ Park Comm Fresh If continued on List streered esta Interest of	attached sheet et address, asset et with value of during the report Assessed Value (Use 1-9 Code) () ()	pring period that had a litem 3.) ompensation ICCE assor's parcel numb over \$12,000 in whing period. (Show period.	Occup Exe Lev W1 er, or legal sich you or a partnership, Purchaser	al security, m, of \$2,40 more than bation or Ho Was Eaccutive Decutive Decutive Decutive Bedow's Bedow	January January January January January Or more dures January Avantation June Compensation June Compen	nt, etc.) from whing the period. n Amou (Use Co (3)) (2) (4) for each parcel of other held a person F-1 supplement point (Use Code) of F-1 supplement (Use Co	f Washington on al financial nt.)
Candida Newly a 1 Show Solf (S) Spouse (SP/DP) Dependent (D) S S S A Property Sold N/A Property Purch	INCOME In or	lst each emplormediate familiptions received teport interest. dress of Employ Park Commercial Comm	attached sheet et address, asset et with value of during the report Assessed Value (Use 1-9 Code) () ()	essor's parcel numb over \$12,000 in wh ting period. (Show p	Occup Exe Lev W1 er, or legal sich you or a partnership, Purchaser	al security, m, of \$2,40 more than pation or Ho Was Ea ecutive I vel 1 Log dows Be description an immedia company, e	January Januar	nt, etc.) from whing the period. Amou (Use Co (3)) (4) (or each parcel of the held a person F-1 supplement out (Use Code) of feeceived	Ich you or an Include stock It washington on the int. Payment or () ()
Show Solf (S) Spouse (SP/DP) Dependent (D) S S S S N/A Property Purch	INCOME In or INCOME In or Interest Divestors	lst each emplormediate familiptions received teport interest. dress of Employ Park Commercial Comm	attached sheet et address, asset et with value of during the report Assessed Value (Use 1-9 Code) () ()	essor's parcel numb over \$12,000 in wh ting period. (Show p	Occup Exe Lev W1 er, or legal sich you or a partnership, Purchaser	al security, m, of \$2,40 more than pation or Ho Was Ea ecutive I vel 1 Log dows Be description an immedia company, e	January Januar	nt, etc.) from whing the period. Amou (Use Co (3)) (4) (or each parcel of the held a person F-1 supplement out (Use Code) of feeceived	Ich you or an Include stock It washington on the int. Payment or () ()
Show Solf (S) Spouse (SP/DP) Dependent (D) S S S S N/A Property Purch	INCOME In or	lst each emplormediate familiptions received teport interest. dress of Employ Park Commercial Comm	attached sheet et address, asset et with value of during the report Assessed Value (Use 1-9 Code) () ()	essor's parcel numb over \$12,000 in wh ting period. (Show p	Occup Exe Lev W1 er, or legal sich you or a partnership, Purchaser	al security, m, of \$2,40 more than continuous Executive D vel 1 Log dows Be description an immedia	January Januar	nt, etc.) from whing the period. Amou (Use Co (3)) (4) (or each parcel of the held a person F-1 supplement out (Use Code) of feeceived	Ich you or an Include stock It: Ide) Washington on the int. Payment or () ()

3	1712	tangible property (including be porting period.	ut not limited	to stock option	k, bonds ons) held	and other
		Type of Account or Descripti	ion of Asset	Asset Value		e Amount
A.	or an immediate family member had an account over \$24,000 at any	N/A		(Use 1-9 Code)	(Use 1	I-9 Code)
	time during the report period.			()	()
В.	Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.	N/A		()	()
C.	Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other			()	()
	intangible property. If you or your immediate family member had			()	()
	decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount.				ì	
	EXAMPLE: If you self-directed an investment account identify each	1		()	()
	stock or other asset in that account. Stock shall be reported by market value at the time of reporting.			()	()
Che	eck here 🗋 if continued on attached sheet.					
4	CREDITORS List each creditor you or an immediate far period. Don't include retail charge account in Item 2.	mily member owed \$2,400 or ints, credit cards, or mortgage	more any time es or real esta	e during the ate reported		OUNT 9 CODE)
	Creditor's Name and Address	Terms of Payment	Securit	y Given	original	current
US	. Department of Education	(eg. 6 years at 5,25%)			(6)	(6)
0.0	Department of Eddication	20 years 7.9%	None		()	()
Che	ck here 🔲 if continued on attached sheet.		14	1	()	()
5			Enter Dollar An	nount		
3	NET WORTH Enter your estimated net worth.	\$ \$2	25,000			
part Supp Incu	All filers answer questions A thru D below. If the answer is YES to of this report. If all answers are NO and you are a candidate or an olement is required. The modern answers are no annual financial affairs report eholders unless all answers to questions A thru E are NO. At any time during the reporting period were you and/or an immediate family men association, joint venture or other entity or (2) a partner or member of any limited but not limited to a professional limited tiability company?	also must answer question	e office filling y	your initial repupeed	oort, no F	1 of these
B.	Did you and/or an immediate family member have an ownership of 10% or more the reporting period? Y If yes, complete Supplement, Part A.					
C.	Did you and/or an immediate family member own a business at any time during the	he reporting period? Y If was not	m plete Suppleme	nt Part A		
D.	Did you and/or an immediate family member prepare, promote or oppose state legal pay for a currently-held public office) at any time during the reporting period? \underline{N}	raicistica rulos rates es etc			nsation (othe	er than
	Only for Persons Filing Annual and description of the property	vided of paid for by your governments	of agency during t			
LLI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		. 200	760 0450		-
	I hold a local elected office. I have read and am familiar wi	ith SMC Contact Telephone:		769-8459 ior@omail.	com	*
	2.04.300 regarding the use of public facilities in campaigns.	Email:	- Ser Ser Ser E & Ser & & &	- Carrier		_(work)* Optional
ER1	FIFICATION: I certify under penalty of perjury that the information knowledge.		true and con	rect to the be		Optivital
	ecember 20, 2018 E. Alaugher					
	DATES: Do not use public agency addresses or telephone number for					



File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@Seattle.gov

SEEC FORM

F-1

SUPPLEMENT (7/18)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

Last Name	First	Middle Initial	DATE
Campbell	Elizabeth	A	12-20-2018
A OFFICE BUSING INTERI	ESTS: organization, union, partnersi (2) were a partner or member of	neral partner, trustee, or 10 percent hip, joint venture or other entity: and/	t or more owner of a corporation, non-pro- for allity partnership, limited liability company of
	Legal Name: Report name used on legal docur		,
	Trade or Operating Name: Report name used fi		n the legal name.
	 Position or Percent of Ownership: The office, till 		
	 Brief Description of the Business/Organization; 		
	 Payments from Governmental Unit: If the governmental unit	ernmental unit in which you hold or	seek office made navments to the business
	 Payments from Business Customers and Othe proprietorship, union, association, business or seek/hold office) which paid compensation of \$ \$\$\text{\$\tex{	er Government Agencies: List each other commercial entity and each g	corporation, partnership, joint venture, sol-
	Washington Real Estate: Identify real estate ow		lifications referenced below are met.
ENTITY NO. 1		Reporting For:	Self 🛮 Spouse 🗌
		Registered	Domestic Partner Dependent
LEGAL NAME:	Campbell Food Company		OR PERCENT OF OWNERSHIP
TRADE OR OPERAT.	ING NAME:		•
ADDRESS: 402	27 21st Avenue West Suite 205 Seattle	e, WA 98199	
BRIEF DESCRIPTION	OF THE BUSINESS/ORGANIZATION:		
	business, registered only		
DAVMENITO ENITITY (SECENTED FROM COVERNMENTAL MAINT IN MAINT		
Pu	RECEIVED FROM GOVERNMENTAL UNIT IN WHICH rpose of payments		mount (actual dollars)
		\$	0
PAYMENTS ENTITY F	RECEIVED FROM OTHER GOVERNMENT AGENCIE	S OF \$12 000 OR MORE	
Ag	ency name:		urpose of payment (amount not required)
			3 0
	RECEIVED FROM BUSINESS CUSTOMERS OF \$12,0		
C	ustomer name:	Pı	urpose of payment (amount not required)
		\$	30
/ASHINGTON REAL nd assessed value of	ESTATE IN WHICH ENTITY HELD A DIRECT FINAN property is over \$24,000. List street address, assesso	NCIAL INTEREST (Complete only if or parcel number, or legal description	ownership in the ENTITY is 10% or more and county for each parcel):
N/A			
heck here 🔲 if continued	on attached sheet		
		CONTINUE PA	ARTS B AND C ON NEXT PAGE

F-1 Supplement

ENTITY NO. 2					
		Reporting	For: Self 🛛 Spouse 🗌		
T-	7.7 1 1	Regis	tered Domestic Partner	Dependent	
	ocracy Workshop		POSITION OR PERCENT OF OWNERSHIP 100% Non Profit Executive I		
TRADE OR OPERATING			00% Non Pront Ex	ecutive Directo	
ADDRESS: 4027 2	1st Ave West Suite 205	Seattle, WA 98199-1492			
BRIEF DESCRIPTION O	THE BUSINESS/ORGANIZATION:	Creates and Manages commun	ity interest websites		
	CEIVED FROM GOVERNMENTAL Use of payments	NIT IN WHICH YOU SEEK/HOLD OFFICE:			
ruipe	se of payments		Amount (actual dollars)		
			\$ 0		
	EIVED FROM OTHER GOVERNME by name:	NT AGENCIES OF \$12,000 OR MORE:	Davis of the same of the		
	,		Purpose of payment (am \$ 0	ount not required)	
BANNEL TO ELITE			Ψ		
Custo	EIVED FROM BUSINESS CUSTON omer name:	ERS OF \$12,000 OR MORE	Purpose of payment (am	ount not required)	
			\$ 0		
Check here 🔲 if continued on :					
B LOBBYING:	List persons for whom you, or rates, or standards for compen	any immediate family member, lobbied sation or deferred compensation. Do not	or prepared state legislati	ion or state rules,	
B LOBBYING:	List persons for whom you, or rates, or standards for compensare an elected official or profess	ional staff member.	list pay from government l	body in which you	
B LOBBYING:	List persons for whom you, or rates, or standards for compen	Sation of deterred compensation. Do not	list pay from government l	body in which you	
B LOBBYING:	List persons for whom you, or rates, or standards for compensare an elected official or profess	ional staff member.	list pay from government l	body in which you	
B LOBBYING:	List persons for whom you, or rates, or standards for compensare an elected official or profess	ional staff member.	list pay from government l	body in which you	
B LOBBYING:	List persons for whom you, or rates, or standards for compensare an elected official or profess	ional staff member.	list pay from government l	body in which you	
B LOBBYING: Person to Wh	List persons for whom you, or rates, or standards for compen- are an elected official or profess om Services Rendered	ional staff member.	list pay from government l	body in which you	
B LOBBYING: Person to Wh	List persons for whom you, or rates, or standards for compensare an elected official or profession Services Rendered ttached sheet Complete this section if a source portion of the following items	ional staff member.	Compensation (Use Code 1-9))) provided all or a	
Person to What N/A Check here if continued on a property of the property of t	List persons for whom you, or rates, or standards for compensare an elected official or profession Services Rendered ttached sheet Complete this section if a source portion of the following items thereof: 1) Food and beverage	Description of Legislation, Rules, Etc Description of Legislation, Rules, Etc e other than your own governmental ago you, your spouse, registered domestic	Compensation (Use Code 1-9))) provided all or a	
Person to What N/A Check here if continued on a part of the continued on a	List persons for whom you, or rates, or standards for compensare an elected official or profession Services Rendered ttached sheet Complete this section if a source portion of the following items thereof: 1) Food and beverage programs or other training.	Description of Legislation, Rules, Etc. Description of Legislation, Rules, Etc.	Compensation (((((((((((((Use Code 1-9)) provided all or a or a combination nars, educational	
Person to Wr N/A Check here if continued on a FOOD TRAVEL SEMINARS Date Received Donor's	List persons for whom you, or rates, or standards for compensare an elected official or profession Services Rendered ttached sheet Complete this section if a source portion of the following items thereof: 1) Food and beverage programs or other training.	Description of Legislation, Rules, Etc. Description of Legislation, Rules, Etc.	Compensation ((((cency paid for or otherwise partner or dependents, well occasions; or 3) Semi	Use Code 1-9)) provided all or a or a combination nars, educational	
Person to Wr N/A Check here if continued on a C FOOD TRAVEL SEMINARS Date Received Donor's	List persons for whom you, or rates, or standards for compensare an elected official or profession Services Rendered ttached sheet Complete this section if a source portion of the following items thereof: 1) Food and beverage programs or other training.	Description of Legislation, Rules, Etc. Description of Legislation, Rules, Etc.	Compensation (((((((((((((Use Code 1-9))) provided all or a or a combination nars, educational	
Person to Wr N/A Check here if continued on a C FOOD TRAVEL SEMINARS Date Received Donor's	List persons for whom you, or rates, or standards for compensare an elected official or profession Services Rendered ttached sheet Complete this section if a source portion of the following items thereof: 1) Food and beverage programs or other training. Name, City and State	Description of Legislation, Rules, Etc. Description of Legislation, Rules, Etc.	Compensation (((((((((((((Use Code 1-9))) provided all or a or a combination nars, educational	

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not requir \$ 0 WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): N/A B LOBBYING: (Continued) Person to Whom Services Rendered Description of Legislation, Rules, Etc. Compensation (Use Code 1-9) () () () C FOOD TRAVEL SEMINARS (continued) Date Donor's Name, City and State Brief Description Actual Dollar Value	Elizabeth A. Campbell					
LEGAL NAME: Discovery Park Community Alliance TRADE OR OPERATING NAME: ADDRESS: 4027 21st Avenue West Suite 205 Scattle, WA 98199-1492 BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Community interest organization that advocates for park and recreation activities and park planning and development all related to Discovery Park PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not require to sustain that advocates for park and recreation activities and park planning and development all related to Discovery Park PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Amount (actual dollars) \$ 0 Purpose of payment (amount not require to sustain the sustain that advocates for park and recreation activities and park planning and development all related to Discovery Park Purpose of payment (amount not require to sustain the sustain that advocates for park and recreation activities and park planning and development all related to Discovery Park Purpose of payment (amount not require to sustain the sustain that advocates for park and recreation activities and park planning and development all related to Discovery Park Purpose of payment (amount not require to sustain the sustain that advocates for park and recreation activities and park planning and development all related to Discovery Park Purpose of payment (amount not require to sustain the sustain that advocates for park planning and development and recreation activities and park planning and development and recreation for park planning and development and recreation for park planning and development and recreation for park planning and development all related to Discovery Park Purpose of payment (amount not require to sustain the park planning and development and park planning and development and park planning and development all related to Discovery Park Purpose o	ENTITY NO. 3	Repo	rting For: Self 🔀 Spouse]		
TRADE OR OPERATING NAME: ADDRESS: 4027 21st Avenue West Suite 205 Seattle, WA 98199-1492 BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Community interest organization that advocates for park and recreation activities and park planning and development all related to Discovery Park PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments Amount (actual dollars) PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not require to the control of the		F	Registered Domestic Partner Dependent			
TRADE OR OPERATING NAME: ADDRESS: 4027 21st Avenue West Suite 205 Seattle, WA 98199-1492 BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Community interest organization that advocates for park and recreation activities and park planning and development all related to Discovery Park PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments Amount (actual dollars) \$ 0 PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: \$ 0 PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE: Customer name: \$ 0 PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: \$ 0 WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): N/A B LOBBYING: (Continued) Porson to Whom Services Rendered Description of Legislation, Rules, Etc. Compensation (Use Code 1-9) N/A C FOOD TRAVEL SEMINARS Continued) Date Donor's Name, City and State Binef Description Actual Dollar Amount (Use Code 1-9) Value C Rocker Amount C Value C N/A	LEGAL NAME: Discovery Park Community A	lliance	POSITION OR PERCENT OF OWNERSHIP			
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Community interest organization that advocates for park and recreation activities and park planning and development all related to Discovery Park Purpose of payments PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEKHOLD OFFICE: Purpose of payments \$ 0 PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: \$ 0 PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE: Customer name: \$ 0 WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): N/A B LOBBYING: (Continued) Description of Legislation, Rules, Etc. Compensation (Use Code 1.9) () () () () C FOOD TRAVEL SEMINARS (continued) Date Donor's Name, City and State Brief Description Actual Dollar Amount (Use Code 1.9) Value Doror's Name, City and State Brief Description Actual Dollar Amount (Use Code (Use Code 1.9) Value Doror's Name, City and State Brief Description Brief Description Actual Dollar Amount (Use Code (Use (Use Code (Use Code (Use (Use Code (TRADE OR OPERATING NAME:		100% Executive Direct	ctor		
recreation activities and park planning and development all related to Discovery Park PAYMENTS ENTITY RECEIVED FROM GOVERNMENTALUNIT IN WHICH YOU SEEKHOLD OFFICE: Purpose of payments \$ 0 PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: \$ 0 PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: \$ 0 WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel; N/A Description of Legislation, Rules, Etc. Compensation (Use Code 1.9) N/A () C FOOD TRAVEL SEMIMARS (continued) Date	ADDRESS: 4027 21st Avenue West Suite 20	5 Seattle, WA 98199-1492				
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not requir \$ 0 PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not requir \$ 0 WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): N/A B LOBBYING: (Continued) Person to Whom Services Rendered Description of Legislation, Rules, Etc. Compensation (Use Code 1-9) () () () C FOOD TRAVEL SEMINARS (continued) Date Donor's Name, City and State Date Donor's Name, City and State Brief Description Actual Dollar Amount Value (Use Code 1-9) (Use Code 1-9)		recreation activities and pa all related to Discovery Par	rk planning and develo _l k	or park and pment		
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: \$ 0 PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: \$ 0 WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): N/A O				·)		
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not requir \$ 0 WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): N/A B LOBBYING: (Continued) Person to Whom Services Rendered Description of Legislation, Rules, Etc. Compensation (Use Code 1-9) () () () C FOOD TRAVEL SEMINARS (continued) Date Donor's Name, City and State Donor's Name, City and State Brief Description Actual Dollar Amount (Use Code Value (Use Code Value (Use Code Value (Use Code)			\$ 0			
Agency name: Purpose of payment (amount not requir \$ 0 PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: \$ 0 WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): N/A	PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNI	MENT AGENCIES OF \$12,000 OR MORE	.			
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: \$ 0 WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): N/A Description of Legislation, Rules, Etc. Compensation (Use Code 1-9)	Agency name:			Purpose of payment (amount not required)		
Customer name: Purpose of payment (amount not requir \$ 0 WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcet): N/A Description of Legislation, Rules, Etc. Compensation (Use Code 1-9)			\$ 0			
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): N/A N/A Description of Legislation, Rules, Etc. Compensation (Use Code 1-9)	PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTO Customer name:	DMERS OF \$12,000 OR MORE	Purpose of payment (a	emount not required)		
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): N/A Description of Legislation, Rules, Etc. Compensation (Use Code 1-9)				imount not required)		
Person to Whom Services Rendered Description of Legislation, Rules, Etc. Compensation (Use Code 1-9) () () () () C FOOD TRAVEL SEMINARS (continued) Date Received Donor's Name, City and State Brief Description Actual Dollar Amount Value (Use Code 1-9)	D					
N/A FOOD TRAVEL SEMINARS (continued) Date Received Donor's Name, City and State Brief Description Actual Dollar Amount Value (Use Code Use Value (Use Code Value)						
C FOOD TRAVEL SEMINARS (continued) Date Received Donor's Name, City and State Brief Description Actual Dollar Amount Value (Use Code N/A	retson to vynom Services Rendered	Description of Legislation, Rules	s, Etc. Compensation	n (Use Code 1-9)		
C FOOD TRAVEL SEMINARS (continued) Date Received	N/A		()		
TRAVEL SEMINARS (continued) Date Received Donor's Name, City and State Brief Description Actual Dollar Amount Value (Use Code N/A)		
TRAVEL SEMINARS (continued) Date Received Donor's Name, City and State Brief Description Actual Dollar Amount Value (Use Code N/A				,		
TRAVEL SEMINARS (continued) Date Received Donor's Name, City and State Brief Description Actual Dollar Amount Value (Use Code N/A			()		
Received N/A Amount (Use Code	TRAVEL					
N/A (Use Code -		Brief Description	Actual Dollar	Value		
\$ () ()				(Use Code 1-9)		
()	IVA		\$	()		
				()		
	1			()		

selection of the control of the cont

\$0.47 0 US POSTAGE FIRST-CLASS 062S0011440472 FROM 98199

\$0.47 0 US POSTAGE FIRST-CLASS 082S0011440472 FROM 98199

B83181°51

NO DEC '18 SEATTLE WA 580

Seattle City CLerk

Seattle, WA 98124-4728 P.O. Box 94728

3213 W Wheeler Street #271 Seattle WA 98199

CITY CLERK 64:11HA 18 DEC 58 CITY OF SEATTLE